

— THIS FORM MUST BE KEPT CONFIDENTIAL —

982(a)(17)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO. _____ FAX NO. (Optional) _____		<div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED AUG 13 2008 CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY [Signature] DEPUTY '08 CV 1484 H BLM </div>	
E-MAIL ADDRESS (Optional) _____			
ATTORNEY FOR: (Name) _____			
NAME OF COURT: Southern District Court			
STREET ADDRESS: Clerk of U.S. District Court			
MAILING ADDRESS: 880 Front Street			
CITY AND ZIP CODE: SAN DIEGO, CA 92101			
BRANCH NAME: UNITED STATE DISTRICT COURT			
PLAINTIFF/ PETITIONER: JAMES MORRIS JACKSON			
DEFENDANT/ RESPONDENT: _____			
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER: _____	

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am not able to pay any of the court fees and costs.
 b. ☐ I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify): **Self employed painter**
 b. My spouse's occupation, employer, and employer's address are (specify): **Divorce**

4. ☐ I am receiving financial assistance under one or more of the following programs:

- a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☐ Food Stamps: The Food Stamp Program
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☐ (Optional) My social security number is (specify):

854 - 06 - 7838 and my date of birth is (specify): **11-29-66 SANDIEGO**

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
 [See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☒ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office. **NOT WORKING**

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.] **NO MONEY**

7. ☒ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: **8/10/2008****JAMES MORRIS JACKSON**

(TYPE OR PRINT NAME)

(Financial information on reverse)

James Morris Jackson

(SIGNATURE)

PLAINTIFF/PETITIONER: <u>JAMES MORRIS JACKSON</u>	CASE NUMBER: _____
DEFENDANT/RESPONDENT: _____	

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. (If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.)
9. MY MONTHLY INCOME NO money
- a. My gross monthly pay is: _____ \$ _____
- b. My payroll deductions are (specify purpose and amount):
- (1) _____ \$ _____
- (2) N/A \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- My TOTAL payroll deduction amount is: _____ \$ _____
- c. My monthly take-home pay is (a. minus b.): _____ \$ _____
- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- The TOTAL amount of other money is: _____ \$ _____
(If more space is needed, attach page labeled Attachment 9d.)
- e. MY TOTAL MONTHLY INCOME IS (c. plus d.): _____ \$ NA
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: _____ \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (a. plus d. plus f.): _____ \$ _____
10. I own or have an interest in the following property:
- a. Cash _____ \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately): _____ \$ _____
11. My monthly expenses not already listed in item 9b above are the following:
- a. Rent or house payment & maintenance _____ \$ _____
- b. Food and household supplies _____ \$ _____
- c. Utilities and telephone _____ \$ _____
- d. Clothing _____ \$ _____
- e. Laundry and cleaning _____ \$ _____
- f. Medical and dental payments _____ \$ _____
- g. Insurance (life, health, accident, etc.) _____ \$ _____
- h. School, child care _____ \$ _____
- i. Child, spousal support (prior marriage) _____ \$ _____
- j. Transportation and auto expenses (insurance, gas, repair) _____ \$ _____
- k. Instalment payments (specify purpose and amount):
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- The TOTAL amount of monthly installment payments is: _____ \$ _____
- l. Amounts deducted due to wage assignments and earnings withholding orders: _____ \$ _____
- m. Other expenses (specify):
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- (5) _____ \$ _____
- The TOTAL amount of other monthly expenses is: _____ \$ _____
- n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): _____ \$ _____
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12): _____

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

982(a)(18)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Southern District Court MAILING ADDRESS: 880 Front Street CITY AND ZIP CODE: SAN DIEGO ROOM 4290 BRANCH NAME: United States District Court PLAINTIFF/ PETITIONER: JAMES MORRIS JACKSON DEFENDANT/ RESPONDENT:	FOR COURT USE ONLY CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): ☐ A. previous order was issued on (date):
2. The application was filed by (name):
3. ☐ IT IS ORDERED that the application is granted ☐ in whole ☐ in part (complete item 4 below).
- a. ☐ No payments. Payment of all the fees and costs listed in California Rules of Court, rule 985(i), is waived.
- b. ☐ The applicant shall pay all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
- | | |
|---|--|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): |
| (5) <input type="checkbox"/> Court-appointed interpreter. | |
- * Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1) ☐ Pay (specify): percent. (2) ☐ Pay: \$ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- | | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
- e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
4. ☐ IT IS ORDERED that the application is denied ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985):
- a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
- b. ☐ Other (Complete line 4b on page 2).
- c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a hearing be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
- b. The applicant should appear in this court at the following hearing to help resolve the conflict:
- | | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
- c. The address of the court is (specify):
- ☐ Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐

JUDICIAL OFFICER

☐

Clerk, by

Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

Page 1 of 2

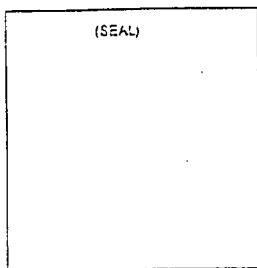
PLAINTIFF/PETITIONER (Name): JAMES MORRIS JACKSON	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): _____, California,
 on (date): _____

Clerk, by _____, Deputy



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk, by _____, Deputy

NAME, ADDRESS AND
TELEPHONE NUMBER OF ATTORNEY(S)
OR APPELLANT IF NO ATTORNEY

ATTORNEY(S) FOR

UNITED STATES COURT OF APPEALS

FOR THE DISTRICT OF COLUMBIA

U.S. COURT HOUSE

Plaintiff JAMES MORRIS JACKSON Case Number

V.

Defendant Stephen Knight

MOTION, AFFIDAVIT and
ORDER RE APPEAL IN FORMA
PAUPERIS (28 USC Sec. 753(f); Sec. 1915)

Motion and Affidavit

The undersigned JAMES MORRIS JACKSON a part in within action, moves the
action. moves the Court under 28 USC Section 1915 for authorization to prosecute an appeal
without prepayment of fees and costs or security therefor, and for the preparation of a Court
Reporter's transcript at government expense.

1. I believe I am entitled to redress, and the issues which I desire to present on proposed appeal
are the following:

- a. Appointment of counsel
- b. Need Assistance of Court Attorney
- c. Need case look at.

2. Because of my poverty I am unable to pay the costs of the proposed appeal proceeding or to
give security therefore. I swear that the following responses are true.

a. Are you presently employed? No

(1) If the answer is yes, state the amount of your salary or wages per month and give the
name and address of your employer.

N/A

b. Have you received, within the past twelve months, any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, or other source?

NO CANTEN

If the answer is yes, describe each source of income and state the amount received from each during the past twelve months.

c. Are you presently employed in prison? Yes _____ No ☒

If yes, state number of hours you work per week and the hourly rate of pay? N/A

d. Do you own any cash or do you have money in a checking or savings account? NO

NO MONEY

If the answer is yes, state the amount in each account separately as of six (6) months prior to the date of this affidavit. NO MONEY

e. Do you own any real estate, stocks bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? N/A

f. In what year did you last file an income tax return? _____

g. Approximately how much income did your last tax return reflect? N/A

h. List the persons who are dependent upon you for support and state your relationship to those persons.

NO ONE

i. State monthly expenses, itemizing the major items. NO expense

James Morris Jackson

Signature of Party

I declare under penalty of perjury that the foregoing is true and correct.

James Morris Jackson

Signature of Attorney (Disregard if filed in propria persona)

ORDER

(The check mark in the appropriate box indicates the Order made)

() THE COURT HAS CONSIDERED THE MOTION AND THE MOTION IS DENIED. The court certifies that the proposed appeal is not taken in good faith under 28 U.S.C. 1915 (a) and is frivolous, without merit and does not present a substantial question within the meaning of 28 U.S.C. 753(f).

The Clerk is directed to serve copies of this Order, by United States mail, upon the parties appearing in this cause.

Dated: _____
U.S. NINTH CIRCUIT JUSTICE

() THE COURT HAS CONSIDERED THE MOTION AND THE MOTION IS GRANTED. It appears to the Court that the proposed appeal is taken in good faith within the meaning of 28 U.S.C. 1915 (a). The court certifies that the proposed appeal is not frivolous, that it presents a substantial question, and that transcript is needed to decide the issue presented by the proposed appeal, all within the meaning of 28 U.S.C. 735 (f). The within moving party is authorized to prosecute an appeal in forma pauperis to the United States Court of Appeals for the Ninth Circuit without pre-payment of any fees or costs and without giving security therefor. The Court Reporter is directed to prepare and file with the Clerk of this Court an original and one copy of a transcript of all proceedings had in this Court in this cause; the attorney for the appellant is advised to borrow a copy for his use from the Clerk of the Court of Appeals. The expense of such transcript shall be paid by the United States pursuant to 28 U.S.C. 1915 (b) and 753(f).

The Clerk is directed to serve copies of this Order, by United States mail, upon the parties appearing in this cause.

Date: _____
U.S. NINTH CIRCUIT JUSTICE

DECLARATION OF

ServiceI, JAMES MORRIS JACKSON, declare:

1. I am the ☒ petitioner/plaintiff ☐ respondent/defendant in the within cause of action, and in support my application to proceed in this matter without prepayment of fees pursuant to Cal. Rules of Court, rule 985, and Govt. Code section 68511.3, I declare and incorporate by reference each and every statement following each box(es) which has been marked:

☒ I am an inmate who is incarcerated in state prison located at: SACRAMENTO STATE PRISON
P.O. BOX 290066 Represa CA, 95671
MINSE

☐ The balance of my inmate trust account is approximately \$ -0-, and my monthly earnings each month is approximately \$ -0-. Additionally, I do not own any other assets or personal property of any value.

2. Accordingly, I am without the financial means to pay the court's filing fee and/or costs at this time.

1. JAMES MORRIS JACKSON declare under penalty of perjury under the laws of the state of California that the above is true and correct and of my own personal knowledge. Executed this 8- day of New Folsom, at SACRAMENTO, California.

James Morris Jackson
 DECLARANT, In Propria Persona

----PRISON CERTIFICATE----

(INCARCERATED APPLICANT ONLY)

(To Be Completed By The Institution Of Incarceration)

I certify that the applicant, JAMES MORRIS JACKSON (CDC# P-23919), has the sum of \$ -0- on account at CALIPATRIA STATE PRISON.

I further certify that said applicant has the following securities -0- to his credit according to the records of the aforementioned institution, and that during the past six-months said applicant's average monthly inmate trust account balance was \$ -0-, and the average monthly deposits to said applicant's account was \$ -0-

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR A SIX-MONTH PERIOD

DATE

SIGNATURE OF AUTHORIZED OFFICER OF THE PRISON

OFFICER'S FULL NAME (PRINTED)

OFFICER'S TITLE/RANK

ATTACHMENT 12

(In Forma Pauperis)

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIF STATE PRISON SACRAMENTO
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2007 THRU JUL. 27, 2007

ACCOUNT NUMBER : P23919 BED/CELL NUMBER: FA7 2 00000022L
 ACCOUNT NAME : JACKSON, JAMES MORRIS ACCOUNT TYPE: I
 PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/01/2007		BEGINNING BALANCE					0.00
07/20	D320	TRUST FUNDS T MR4725/LAC			0.14		0.14

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/18/2007	H118	LEGAL COPIES HOLD	700141 SUP	0.80

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.14	0.00	0.14	0.80	0.00

CURRENT
 AVAILABLE
 BALANCE

0.66-

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU AUG. 13, 2007

ACCOUNT NUMBER : P23919

BED/CELL NUMBER: FA7 2 00000022L

ACCOUNT NAME : JACKSON, JAMES MORRIS

ACCOUNT TYPE: I

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
05/01/2007		BEGINNING BALANCE					0.0
07/20	D320	TRUST FUNDS T	MR4725/LAC		0.14		0.1
08/01	*DD30	CASH DEPOSIT	MR4777/ROC		22.50		22.6
08/07	FC01	DRAW-FAC 1	ADSG700337			20.00	2.6

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/18/2007	H118	LEGAL COPIES HOLD	700141 SUP	0.80
08/09/2007	H114	COPAY FEE, MED.	700368CPAY	5.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/08/98
COUNTY CODE: SD

CASE NUMBER: SCD136393
FINE AMOUNT: \$ 2,000.0

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
05/01/2007		BEGINNING BALANCE		1,271.4
08/01/07	DR30	REST DED-CASH DEPOSIT	25.00-	1,246.4

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTION TO BE POSTED
0.00	22.64	20.00	2.64	5.80	0.0

CURRENT
AVAILABLE
BALANCE

3.1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 01, 2007 THRU SEP. 14, 2007

ACCOUNT NUMBER : P23919 BED/CELL NUMBER: FB8 1 00000020L
ACCOUNT NAME : JACKSON, JAMES MORRIS ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
03/01/2007		BEGINNING BALANCE					0.00
07/20	D320	TRUST FUNDS T	MR4725/LAC		0.14		0.14
08/01	*DD30	CASH DEPOSIT	MR4777/ROC		22.50		22.64
08/07	FC01	DRAW-FAC 1	ADSG700337			20.00	2.64
08/14	W536	COPAY CHARGE	700418CPAY			1.84	0.80
09/11	*DD30	CASH DEPOSIT	MR4980/ROC		13.50		14.30
09/11	FC02	DRAW-FAC 2	BFAC700701			5.34	8.96
09/14	W536	COPAY CHARGE	700741CPAY			3.16	5.80
09/14	W516	LEGAL COPY CH	700746 SUP			0.80	5.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
09/07/2007	H114	COPAY FEE, MED.	700658CPAY	5.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/08/98
COUNTY CODE: SD

CASE NUMBER: SCD1363
FINE AMOUNT: \$ 2,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
03/01/2007		BEGINNING BALANCE		1,271.48
08/01/07	DR30	REST DED-CASH DEPOSIT	25.00-	1,246.48
09/11/07	DR30	REST DED-CASH DEPOSIT	15.00-	1,231.48

CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 01, 2007 THRU SEP. 14, 2007

CCT: P23919

ACCT NAME: JACKSON, JAMES MORRIS

ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	36.14	31.14	5.00	5.00	0.00
					CURRENT AVAILABLE BALANCE
					0.00

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 01, 2007 THRU OCT. 04, 2007

ACCOUNT NUMBER : P23919 BED/CELL NUMBER: FB8 1 00000020L
ACCOUNT NAME : JACKSON, JAMES MORRIS ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
04/01/2007		BEGINNING BALANCE					0.00
07/20	D320	TRUST FUNDS T	MR4725/LAC		0.14		0.14
08/01	*DD30	CASH DEPOSIT	MR4777/ROC		22.50		22.64
08/07	FC01	DRAW-FAC 1	ADSG700337			20.00	2.64
08/14	W536	COPAY CHARGE	700418CPAY			1.84	0.80
09/11	*DD30	CASH DEPOSIT	MR4980/ROC		13.50		14.30
09/11	FC02	DRAW-FAC 2	BFAC700701			5.34	8.96
09/14	W536	COPAY CHARGE	700741CPAY			3.16	5.80
09/14	W516	LEGAL COPY CH	700746 SUP			0.80	5.00
09/19	W536	COPAY CHARGE	700786CPAY			5.00	0.00
09/21	*DD30	CASH DEPOSIT	MR5031/ROC		9.00		9.00
10/04	*DD30	CASH DEPOSIT	MR5077/ROC		18.00		27.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/08/98
COUNTY CODE: SD

CASE NUMBER: SCD136393
FINE AMOUNT: \$ 2,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
04/01/2007		BEGINNING BALANCE		1,271.48
08/01/07	DR30	REST DED-CASH DEPOSIT	25.00-	1,246.48
09/11/07	DR30	REST DED-CASH DEPOSIT	15.00-	1,231.48
09/21/07	DR30	REST DED-CASH DEPOSIT	10.00-	1,221.48
10/04/07	DR30	REST DED-CASH DEPOSIT	20.00-	1,201.48

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

27.00

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU OCT. 17, 2007

ACCOUNT NUMBER : P23919
ACCOUNT NAME : JACKSON, JAMES MORRIS
PRIVILEGE GROUP: A

BED/CELL NUMBER: FB8 1 00000020L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
06/01/2007		BEGINNING BALANCE					0.00
07/20	D320	TRUST FUNDS T	MR4725/LAC		0.14		0.14
08/01	*DD30	CASH DEPOSIT	MR4777/ROC		22.50		22.64
08/07	FC01	DRAW-FAC 1	ADSG700337			20.00	2.64
08/14	W536	COPAY CHARGE	700418CPAY			1.84	0.80
09/11	*DD30	CASH DEPOSIT	MR4980/ROC		13.50		14.30
09/11	FC02	DRAW-FAC 2	BFAC700701			5.34	8.96
09/14	W536	COPAY CHARGE	700741CPAY			3.16	5.80
09/14	W516	LEGAL COPY CH	700746 SUP			0.80	5.00
09/19	W536	COPAY CHARGE	700786CPAY			5.00	0.00
09/21	*DD30	CASH DEPOSIT	MR5031/ROC		9.00		9.00
10/04	*DD30	CASH DEPOSIT	MR5077/ROC		18.00		27.00
10/05	W516	LEGAL COPY CH	700961COPY			0.80	26.20
10/05	W516	LEGAL COPY CH	700961 SUP			0.30	25.90
10/09	FR01	CANTEEN RETUR	700962			0.04-	25.94
10/09	FC02	DRAW-FAC 2	BFAC700971			25.94	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/08/98
COUNTY CODE: SD

CASE NUMBER: SCD136393
FINE AMOUNT: \$ 2,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
06/01/2007		BEGINNING BALANCE		1,271.48
08/01/07	DR30	REST DED-CASH DEPOSIT	25.00-	1,246.48
09/11/07	DR30	REST DED-CASH DEPOSIT	15.00-	1,231.48
09/21/07	DR30	REST DED-CASH DEPOSIT	10.00-	1,221.48
10/04/07	DR30	REST DED-CASH DEPOSIT	20.00-	1,201.48

CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU OCT. 17, 2007

ACCT: P23919

ACCT NAME: JACKSON, JAMES MORRIS

ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	63.14	63.14	0.00	0.00	0.00
					CURRENT AVAILABLE BALANCE
					0.00

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIFORNIA MEDICAL FACILITY
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 01, 2008 THRU JUL. 12, 2008

ACCOUNT NUMBER : P23919 BED/CELL NUMBER: MIQ3000000003295
 ACCOUNT NAME : JACKSON, JAMES MORRIS ACCOUNT TYPE: I
 PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/08/98 CASE NUMBER: SCD136393
 COUNTY CODE: SD FINE AMOUNT: \$ 2,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
04/01/2008		BEGINNING BALANCE		1,841.38
06/02/08	SU01	SYS TRNSF - POS	498.90-	1,342.48

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00
					CURRENT AVAILABLE BALANCE
					0.00

PROOF OF SERVICE

(C.C.P. §2015.5; 28 U.S.C. §1745)

I, JAMES MORRIS JACKSON, am over the age of eighteen (18) years,
and I (am) (am not) a party to the within cause of action. My address is:

NewFolsom
SACRAMENTO
P.O BOX 290066
Represa CA, 9567

On, — 2008, I served the following
documents:

CDC# PRISON NO
P-23919

— on the
below named individuals by depositing true and correct copies thereof in the United
State mail in Represa, California, with postage fully prepaid thereon, addressed as
follows:

1. Southern District COURT
CLERK of U.S. District COURT Room 4290
880 Front Street
SAN DIEGO CA, 92101-8900

I have read the above statements and declare under the penalty of perjury of
the laws of the State of California that the foregoing is true and correct.

Executed this August day of 10, 2008, at California
State Prison at Sacramento, Represa, California.

(Signature) James Morris Jackson
Declarant